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Follow-up to the World Summit for Social Development and the twenty-fourth special session of the General Assembly: priority theme: social integration

Statement submitted by Company of the Daughters of Charity of St. Vincent de Paul, Congregation of Our Lady of Charity of the Good Shepherd, Franciscans International, International Presentation Association of the Sisters of the Presentation of the Blessed Virgin Mary, Partnership for Global Justice, Salesian Missions, Sisters of Charity Federation, Sisters of Mercy of the Americas, Sisters of Notre Dame de Namur, Temple of Understanding, and UNANIMA International, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

1. With Copenhagen we affirm that the aim of social integration is to create a society for all, in which every individual, each with rights and responsibilities, has an active role to play. An inclusive society must be based on respect for all human rights and fundamental freedoms, cultural and religious diversity, social justice and the needs of vulnerable and disadvantaged groups, democratic participation and the rule of law.

2. We acknowledge that progress has been made in the ongoing process of decolonization; the elimination of apartheid; the spread of democracy; wider recognition of the need to respect human dignity, all human rights and fundamental freedoms and cultural diversity; the unacceptability of discrimination; and an increasing recognition of the human rights of indigenous people in the world.

3. Despite this obvious progress, it is evident that efforts at social integration are blocked by social polarization and fragmentation; widening disparities and inequalities of income and wealth within and among nations; problems arising from uncontrolled urban development and the degradation of the environment; marginalization of people, families, social groups, communities and countries.

One of the causes for increased disintegration within societies which has not received much attention in policy discussions of social integration is the marginalization and exclusion experienced by persons living with and affected by HIV and AIDS.

4. We also affirm the link recognized by the Secretary-General's report in the ten year review of Copenhagen that the implementation of the Copenhagen commitments and the attainment of the Millennium Goals were mutually reinforcing.

5. In this regard we again point out that in regard to that the elimination of the stigma associated with HIV/AIDS is absolutely essential to achieving MDG Goal 6: To halt and reverse the spread of the AIDS epidemic.

Our members throughout the world report that living with and being affected by HIV is a major obstacle to social integration and, hence, to achieving the social development sought as a result of the Copenhagen Declaration (1995).

6. In particular, HIV/AIDS literature recognizes the challenge of the stigma of HIV and AIDS and some best practices for overcoming it, but in the consideration of social integration as one of the three pillars for social development put forward in Copenhagen and after Copenhagen, there have been no consistent and comprehensive policies developed and implemented to promote this integration.

In India, NGO Staff from a Care and Support Centre began their work because of the suffering of men and women afflicted by HIV/AIDS. These people were neglected, rejected and cast aside by family and society. Often, they were kept locked in a room to die.

In interviews with our members in India, Thailand, the United Republic of Tanzania, Swaziland, Mozambique and Lesotho we have heard that the greatest challenge is to care for children orphaned because of HIV/AIDS. Many of these children are also HIV positive. At a young age

they are already among those excluded from society. Given the stigma and blame which goes along with this marginalization and the lack of resources to provide for their care and education, without targeted and effective policies they are unlikely to ever be integrated into their societies. However, we do believe that with social integration they do have much to offer in achieving growth and development.

We are convinced that the experiences are not unique to the countries listed above but are equally true in other countries, particularly those with high rates of infection.

Hence, we recommend:

- The inclusion of persons living with and affected by HIV/AIDS among the groups of persons being targeted in the programmes and practices to provide for social integration;

- The study and publicizing of existing good policies and practices which have shown that they can reduce the stigma of AIDS for those who are already positive and for those who are their caregivers and family members.

- The development and implementation of policies with the full participation of persons with HIV in all program development, implementation, and evaluation, as espoused in UNAIDS "Greater involvement of people living with or affected by HIV/AIDS" policies.

- The research and promotion of good practices to integrate the many children who are AIDS orphans into their societies. Practices already existing which have potential in this regard are peer education, education of donor communities to ensure coverage for this aspect of AIDS work.

- The enactment and implementation of laws penalizing discrimination against persons with HIV, perceived as having HIV, or at risk for HIV. Such laws should aim to protect these persons from losing or being kept from employment, health care and prevention information and tools, housing, access to family, and sustenance due to HIV stigma. Such laws should also include protection against violence and hate crimes.